



# COMMONWEALTH of VIRGINIA

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

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*COMMONWEALTH of VIRGINIA*

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** AAA Directors

**FROM:** Bill Peterson

**DATE:** May 4, 2004

**SUBJECT:** **2004 Annual Beard Center on Aging Gerontology Conference**

Click the link below for information about the 2004 Annual Gerontology Conference at Lynchburg College on June 10<sup>th</sup> and 11<sup>th</sup>

<http://www.lynchburg.edu/centers/gerontology/conference2004.htm>

**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*  
Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Tim M. Catherman  
Deputy Commissioner, Support Services

**DATE:** April 30, 2004

**SUBJECT:** AIM Database Monitoring

As you know, the AAAs have been collecting client information in AIM for at least 5 years. I want to thank everyone for their assistance.

We are constantly striving to improve the accuracy of the data. Leonard Eshmont has produced several reports to check the quality and accuracy of data entered into the system. During the annual monitoring review, Raymond Williams has asked your agency to produce some of the reports listed below:

- VA95 AMR Cross Verification
- VA11 Clients Receiving Service w/o a Recent Assessment
- VA01 and VA02 Poverty Client Summary and Detail
- VA 26 and VA 27 Clients Under 60 and Units Detail

These reports are meant to facilitate discussion on the quality and accuracy of the AIM data. For some of these reports, there are rational explanations as to when a client would appear on a particular report and no 'target' has been established. For example, the VA 26 and VA 27 report identified clients under 60 years of age. There are legitimate reasons why an AAA would provide a Title III B, C or D service to a client

SUBJECT: AIM Database Monitoring

Page 2 of 2

under 60. However, if a report indicates 80% of the clients are under sixty the discussion should include data accuracy and/or targeting resources.

The future of AIM includes the potential for additional reports to check the accuracy of the data. For example:

- Clients receiving congregate and home delivered meals without a completed nutritional screening checklist?
- Clients receiving in-home services that do not live alone and have no ADLS or IADLS.

Monthly Leonard Eshmont e-mails you a list of changes to the VDA website. I would encourage you to pay attention to the AIM reports that he is developing. In the future Raymond Williams may ask your AAA to produce one of those reports for his review.

At the state level, the AIM data has been used in many different ways to describe the type of client receiving services offered by our network. It is one of the tools we use to “tell the story” of the value of our network. Reliance on the ‘story’ can only be as good as the data.

Again, thank you for continuing to improve the quality of the AIM information. We hope you are finding this data as useful to the operations of your AAA as we are at the state level.

# *COMMONWEALTH of VIRGINIA*

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## **MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Ellen M. Nau, Human Services Program Coordinator

**DATE:** May 4, 2004

**SUBJECT:** Women's Health Virginia - Annual Conference

Working Women's Wellness 24/7 will be the theme of the annual Women's Health Virginia Conference to be held June 11, 2004 at the Omni Charlottesville Hotel from 8:45 A.M. – 4:15 P.M. The conference will feature presentations a variety of speakers including: Susan McIver, Chief Economist, Virginia Employment Commission; Marsha Linquist, M.B.A., Author; Jody Fuller, Director, Health and Benefits, America Online and, The Honorable Sandra D. Bowen, Secretary of Administration, Commonwealth of Virginia.

For a complete listing of topic, speakers and registration information, please consult the attached pdf. Registration deadline is June 7. Cost of the conference is \$50.00 prior to May 15 and \$55.00 after that date.



# Working Women's Wellness ~~9/5~~ 24/7

Women's

Health

Virginia

7<sup>th</sup> Annual

Conference

on Women's

Health

Omni Charlottesville  
Hotel

Friday, June 11, 2004

8:45 a.m.-4:15 p.m.

8:45-8:55 a.m.

Welcome and Introduction

8:55-9:25 a.m.

Who Are Virginia's Working Women?  
Susan McIver, Chief Economist, Virginia Employment Commission

9:25-10:30 a.m.

Balancing Women's Worlds: Making Work-Life Choices  
Marsha Lindquist, M.B.A., author of *Why Are You Still Working Your A\*\* Off?*  
Jodi Fuller, Director, Health and Benefits, America Online

10:30-10:45 a.m.

Break

10:45 a.m.-12:50 p.m.

Close Up on Working Women's Wellness

Physical & Mental Health Impacts of Work & Work Environments  
James A. Wesdock, M.D., M.P.H., Global Manager Occupational Health,  
Alcoa, Inc.; Associate Clinical Professor, Department of Preventive Medicine &  
Community Health, VCU School of Medicine  
Gwendolyn Puryear Keita, Ph.D., Director of the Women's Programs Office  
& Associate Executive Director of the Public Interest Directorate,  
American Psychological Association

Public Policy, Law and Working Women's Well Being  
Gary W. Kendall, J.D., Partner, Michele Hanlett Lowmy Rasmussen & Tweel, PC  
Deven McGraw, J.D., M.P.H., Policy Counsel, National Partnership for Women & Families

Lunch

12:50-2:00 p.m.  
2:00-3:45 p.m.

Making Work Work for Women

Spotlight on Virginia Business

Dawn Malone, Administrative Director, Work and Family Services,  
Bon Secours Richmond Health System  
Debbie Lucado, Vice-President, Premier Banking, Bank of America  
Claire Guthrie Castañaga, President, CG Consulting  
Finding Her Way in the Working World:  
Mentoring, Support Networks, and Personal Skills  
Tierney Temple Fairchild, Ph.D., Executive Director,  
Partnership for Leaders in Education, University of Virginia

3:45-4:15 p.m.

Women's Work is Everybody's Business  
The Honorable Sandra D. Bowen, Secretary of Administration,  
Commonwealth of Virginia

Stretching and exercise breaks will be interspersed throughout the day.

Registration

Return your registration to:  
WOMEN'S HEALTH VIRGINIA  
1924 Arlington Blvd., Ste. 203  
Charlottesville, VA 22903

You can register on-line  
and pay by credit card at  
[www.womenshealthvirginia.org](http://www.womenshealthvirginia.org)  
under "Our Programs."

For further information call:  
(434) 220-4500

The cost of the conference, including lunch and materials, is \$50 for registrations received by May 15, \$55 after May 15. Please print and return your registration by June 7.

Name: \_\_\_\_\_ Title/Degrees: \_\_\_\_\_

Organization/Firm: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

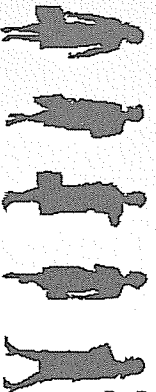
If you have a disability and will need special assistance or have a special dietary need, please tell us here: \_\_\_\_\_

Women's Health Virginia is applying for Nursing Contact Hours to be approved by the Virginia Nurses Association, CHES continuing education contact hours from the Virginia Department of Health and continuing education credits from the National Association of Social Workers for this conference. Please indicate which, if any credits, you wish: \_\_\_\_\_

I am enclosing a check payable to WOMEN'S HEALTH VIRGINIA for:

- ☐ my registration fee, \$50 (before May 15) or \$55 (after May 15) \$ \_\_\_\_\_
- ☐ a tax-deductible contribution to Women's Health Virginia to support its education, information and research programs \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_





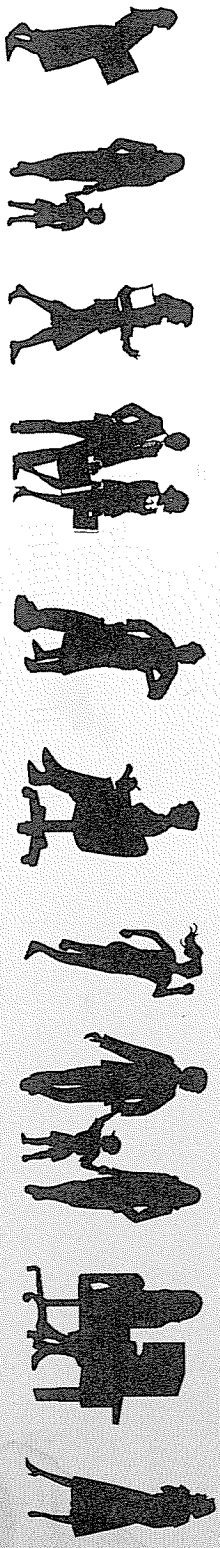
Women's Health Virginia  
7<sup>th</sup> Annual Conference  
on Women's Health

# Working Women's Wellness ~~9x5~~ 24/7

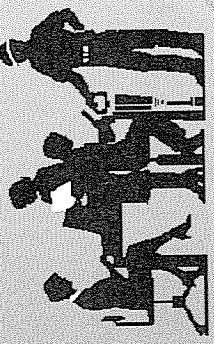
Virginia's women are working women. They work on farms, in factories, schools, offices, service jobs and at home, in paid and unpaid positions.

This conference examines how employment affects their health and well being, and what business, government and women can do to improve working women's wellness.

Omni Charlottesville Hotel  
Friday, June 11, 2004  
8:45 a.m.-4:15 p.m.



EE 00000000000000000000



Ellen M. Nau Human Services Program Coordinator  
Virginia Dept for the Aging  
1600 Forest Ave, Ste 102  
Richmond, VA 23229

Working Women's  
Wellness ~~9x5~~ 24/7

Return Service Requested



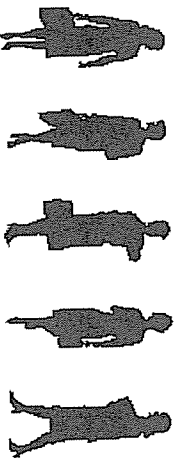
WOMEN'S HEALTH VIRGINIA  
1924 Arlington Boulevard, Suite 203  
Charlottesville, VA 22903

Non-profit  
U.S. Postage  
PAID  
Charlottesville, VA  
Permit No. 52

## ABOUT WOMEN'S

Conference sponsored by:  
Pfizer, Inc.

Eli Lilly and Company  
Bon Secours Richmond Health System



Women's Health Virginia is unique as a non-governmental statewide women's health initiative. It benefits from limited government funding but relies on private financial support.

For further information about Women's Health Virginia or the conference, call (434) 220-4500 or see [www.womenshealthvirginia.org](http://www.womenshealthvirginia.org). A financial statement is available upon written request from the Virginia Office of Consumer Affairs, P.O. Box 1163, Richmond, VA 23209.

## Accommodations

Women's Health Virginia has arranged for a block of rooms at the Omni Charlottesville Hotel for conference participants at a special rate of \$99 single or double (plus tax). Reservations must be made directly with the hotel at (434) 971-5500 or 1-800-THE-OMNI by May 25, 2004. You must specify that you are attending the Women's Health Virginia, Inc. conference to obtain the special rate.

# COMMONWEALTH of VIRGINIA

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## MEMORANDUM

**TO:** AAA Directors

**FROM:** Bill Peterson

**DATE:** May 4, 2004

**SUBJECT:** Client Comparison – The UAI v. The Nursing Home MDS

As a result of the AoA Performance Measures Grant VDA received from AoA several years ago, we have had an ongoing contract with the *Virginia Health Quality Center* (VHQC) to compare the client data reported on the UAI with the client data reported on the nursing home minimum data set (MDS). For some time now we have been curious about the differences between those older Virginians receiving community-based services from AAAs and those older persons who enter nursing homes. After several years of negotiations, including overcoming the confidentiality concerns of both CMS and the Virginia Department of Health, VHQC has finally been able to conduct a comparison of the two data sets. An Executive Summary of this report is attached.

VHQC confirmed that differences can be identified between the populations served by Virginia's AAAs and those served by nursing homes. Nursing home populations are older and more dependent upon others for Activities of Daily Living. AAA clients are younger, more independent, and more diverse, yet show greater impairment in cognitive functions and higher numbers of life stressors. Although these differences exist, VHQC noted that the two groups also have many similarities in terms of demographics, function, health conditions, and dependencies, and both groups receive many of the same services.

Attachment

# **Report of the Comparison Between the Virginia Department for the Aging's Client Population and the Virginia Nursing Home Population**

April 30, 2004

Produced by the Virginia Health Quality Center

## **Executive Summary**

### ***Introduction***

This document reports the results of a comparative data analysis between the populations served by the Virginia Area Agencies on Aging and Virginia's nursing homes using the Virginia Department for the Aging's Automated Information Manager (AIM) data base for the AAA population and the Center for Medicare & Medicaid Services Minimum Dataset (MDS) for the nursing home population. This report fulfills the deliverable requirement of the contract between the Virginia Health Quality Center (VHQC) and the Virginia Department for the Aging (VDA) ending April 30, 2004.

### ***Data Analysis***

Datasets were received from the Virginia Department for the Aging from their AIM database that included client demographic data, standard assessment data, and service data for the first 9 months of 2003. Datasets were received from the Center for Medicare & Medicaid Services from the MDS that included admission assessments for nursing home residents during calendar year 2003.

These datasets were recoded where possible so that comparisons could be made. Comparative analysis focused on demographics, activities of daily living (ADL) and physical and mental health.

### ***Results***

Although differences exist in most categories, (e.g. nursing home residents are less able to function on their own in many categories), the two groups also have many similarities in terms of demographics, function, and health conditions. While not as large a proportion of the total as in the nursing home population, AAA clients evidence the same dependency and health issues as do nursing home residents and receive many of the same services. Some of the differences in dependency levels can be explained by differences in coding between the two analysis datasets.

Although nursing home residents were more dependent physically, they were found to have less impairment in cognitive functions than the AAA clients. This was true for orientation, short and long term memory and judgment.

### ***Problems and Caveats***

Missing values and out of range data, especially in the AIM dataset could impact some of the results. Because only initial assessments are full assessments for nursing homes, only those residents entering nursing homes during the year were included in the analysis. For some variables, exact category matches were not possible; for these recoding results will be less accurate than for those variables with exact category matches. Both surveys are dependent upon the accuracy of the assessor when data is entered. Nursing home assessments collect data on most dependent cases whereas AAA assessments collect data on most frequent case, causing a bias toward dependency in the MDS dataset.

### ***Future Analysis***

The analysis presented here outlines highlights of similarities and differences between the populations. As noted in above, while differences tended to be consistent, they were often not of great magnitude. Additional statistical analysis could determine if there are observed variations with true differences (i.e., statistically significant). Due to the time constraints of this study, these analyses were not run at this time. Further analyses could also help identify which dependencies occur due to nursing home routine practice rather than due to a change in functional status.

*COMMONWEALTH of VIRGINIA*

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** E. Janet Riddick

**DATE:** May 04, 2004

**SUBJECT:** MEDICARE DRUG CARD TRAINING

Secretary Jane Woods has asked that all health and human resources agencies take part in a training session on the new Medicare Approved Discount Drug Card Program. This collaborative training effort among all HHR agencies is geared toward agency staff that will have contact with Medicare beneficiaries.

Please read the attached memo from Secretary Woods. The training will be conducted on May 17, 2004 via the Department of Health's satellite system. A registration form and listing of the 25 sites is attached. Please return registration forms to the Health department as indicated on the form.

Attachments (3)

May 3, 2004

Dear Health and Human Resources Employee:

The new Medicare-Approved Drug Discount Card Program begins on June 1, 2004. Enrollment for this plan begins on May 3<sup>rd</sup>. Because Virginians likely will have questions about this program, and will look to you for answers, the Honorable Jane H. Woods, Secretary of Health and Human Resources, has requested your attendance at a training seminar on the new Medicare-Approved Drug Discount Card Program. This training seminar is a collaborative effort of the Health and Human Resources agencies, and is directed towards employees who are likely to have direct contact with Virginia's Medicare beneficiaries. This training will provide information on the following:

- When the program begins;
- What benefits this federal program offers;
- Who is eligible;
- How you can assist Medicare beneficiaries with enrollment; and
- Where you and Medicare beneficiaries can get more information.

The seminar will be held on Monday, May 17, 2004 across the State. You will find a list of the seminar times, locations, directions, information on the registration process, and a registration form attached. The total seating capacity for the two sessions is 2,000, and registration will close on Wednesday, May 12, 2004. If you have questions, please call (804) 864-7661.

We look forward to your participation in the Medicare-Approved Drug Discount Card Program seminar. We encourage you to read information on this program prior to the training at [www.vda.virginia.gov/prescripassist2.htm](http://www.vda.virginia.gov/prescripassist2.htm) and [www.medicare.gov](http://www.medicare.gov).

Thank you for your assistance in ensuring that Virginians are informed about this new program.

Sincerely,

Jane H. Woods  
Secretary of Health and Human Resources

## Medicare-Approved Drug Discount Card Program Training

### TO REGISTER:

- 1) Twenty-five sites across Virginia are hosting the Medicare-Approved Drug Discount Card Program Training on May 17, 2004. Please choose a convenient location for you from the attached site listing.
- 2) At each location you have the choice of attending the morning session from 9:30 A.M. to 11:30 A.M. or the afternoon session from 1:30 P.M. to 3:30 P.M. Please indicate AM or PM when making your site selection.
- 3) Registration will be done in order of receipt. Seating is limited and varies by location. All efforts will be made to accommodate your first site choice however, please select an alternate site and time on your registration.
- 4) Please fax or mail your registration as designated below. It will not be possible to accept registrations by phone.
- 5) Please complete the fax number section of your registration form. Upon receipt of this form a notice will be faxed to you confirming your training location and time.

### Registration Form

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Site Selection:

Choice 1 \_\_\_\_\_ ☐A.M. ☐P.M.  
Health District Name/Location

Choice 2 \_\_\_\_\_ ☐A.M. ☐P.M.  
Health District Name/Location

**PLEASE RETURN: FAX: (804) 864-7680 or (804) 864-7647**

Virginia Department of Health  
Training Coordinator  
109 Governor Street, 7<sup>th</sup> Floor  
Richmond, VA 23218

**Information: (804) 864-7661**

**Medicare  
Videoconference Sites  
May 17, 2004**

<b>Health District</b>	<b>Location</b>	<b>Address</b>	<b>Contact</b>	<b>Capacity</b>
<b>Alexandria Health District</b>	<b>Alexandria</b>	517 North St Asaph St Alexandria, VA 22314	Marie Quander-Jones (703) 838-4400, X311	<b>100</b>
<b>Arlington Health District</b>	<b>Arlington</b>	1800 North Edison St Arlington, VA 22207	Ray Smoot 703-228-5090	<b>8</b>
<b>Central Shenandoah Health District</b>	<b>Staunton</b>	1414 North Augusta St Staunton, VA 24402	Doug Moran 540-332-7830 x 326	<b>15</b>
<b>Central Virginia Health District</b>	<b>Lynchburg</b>	1900 Thomson Drive Lynchburg, VA 24505	Tina Barbour 947-6560	<b>40</b>
<b>Crater Health District</b>	<b>Petersburg</b>	301 Halifax Street Petersburg, VA 23804	Nancy Wittie (804) 863-1663	<b>40</b>
<b>Cumberland Plateau Health District</b>	<b>Tazewell</b>	Ben Bolt Avenue Tazewell, VA 24651	Myrtle Leffel 276-988-5585	<b>10</b>
<b>Eastern Shore Health District</b>	<b>Accomack</b>	23191 Front Street Accomack VA 23301	Scott Chandler 757-787-5888	<b>25</b>
<b>Fairfax Health District</b>	<b>Fairfax</b>	10777 Main Street Fairfax VA 22030	JoAnne Jorgenson 703-246-2477	<b>20</b>
<b>Hampton Health District</b>	<b>Hampton</b>	3130 Victoria Boulevard Hampton, VA 23661	Martin Wheeler (757) 727-1172 x190	<b>40</b>
<b>Hanover Health District</b>	<b>Ashland</b>	12312 Washington Highway Ashland, VA 23005	Mya Jackson 804.365.4318	<b>10</b>
<b>Lenowisco Health District</b>	<b>Gate City</b>	112 Beech Street Gate City, VA 24251	Reisa Sloce 276-386-1312	<b>50</b>
<b>Lenowisco Health District</b>	<b>Wise</b>	134 Roberts Street S.W. Wise, VA 24293	Donna Cornett 276-328-800 ext 121	<b>35</b>
<b>Lord Fairfax Health District</b>	<b>Winchester</b>	107 North Kent Street, Rm 201 Winchester, VA 22601	David Crabtree 540 722-3470, ext 124	<b>13</b>
<b>Mt. Rogers Health District</b>	<b>Marion</b>	201 Francis Marion Lane Marion, VA 24354	Anna Stevens (276) 781-7450	<b>25</b>
<b>Norfolk Health District</b>	<b>Norfolk</b>	830 Sothampton Avenue Norfolk, VA 23510	Dwayne Merritt (757) 683-2796	<b>75</b>
<b>Pittsylvania/Danville Health District</b>	<b>Danville</b>	326 Taylor Drive Danville, VA 24541	Linda Fitzgerald 434-799-5190, X 140	<b>50</b>
<b>Prince William Health District</b>	<b>Manassas</b>	9301 Lee Avenue Manassas, VA 20110	Carol Dunithan 703-792-6309	<b>10</b>
<b>Rappahannock Health District</b>	<b>Fredericksburg</b>	608 Jackson Street Fredericksburg, VA 22401	Dina Obey 540) 899-4797, ext. 100	<b>35</b>
<b>Richmond City Health District</b>	<b>Richmond City</b>	900 East Marshall Street Richmond, VA 23219	Robert Moody 804-646-4507	<b>50</b>
<b>Roanoke Health District</b>	<b>Roanoke</b>	515 Eighth Street S.W. Roanoke, VA 24016	Milton Carter (540) 857-7600 ext 274	<b>50</b>
<b>Southside Health District</b>	<b>Boydton</b>	434 Washington Street Boydton, VA 23917	Judy Owen 434-738-6545 x100	<b>15</b>
<b>Thomas Jefferson Health District</b>	<b>Charlottesville</b>	1138 Rose Hill Drive Charlottesville, VA 22906	Tara Tate 434-972-6245	<b>74</b>
<b>Three Rivers Health District</b>	<b>Richmond County</b>	5591 Richmond Road Warsaw, VA 22572	Mel Anderson 804-758-2381 X 24	<b>12</b>
<b>Virginia Beach Health District</b>	<b>Virginia Beach</b>	4452 Corporation Lane Virginia Beach, VA 23462	Angie Savage 757 518-2673	<b>80</b>
<b>West Piedmont Health District</b>	<b>Martinsville</b>	295 Commonwealth Blvd Martinsville, VA 24114	Charles Toothman 276-638-2311	<b>60</b>

# COMMONWEALTH of VIRGINIA

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## MEMORANDUM

**TO:** Executive Directors, Finance Directors, & Auditors  
Area Agencies on Aging & Other Contractors

**FROM:** Warren J. McKeon

**DATE:** May 4, 2004

**SUBJECT:** Financial Management Training Workshop

Financial Management Training has been scheduled for two locations. On June 22, 2004, Financial Management Training will be presented at the office of the Virginia Department for the Aging. The location of the training may change based upon the timing of our move to the Almond Building at 1610 Forest Avenue. The Almond Building is the building directly behind our current location. In any event, we plan to conduct the training at our offices, whichever location that might be on June 22<sup>nd</sup>.

A block of rooms for the Richmond training has been reserved for the state rate of \$77.00 at the Sheraton Richmond West, 6624 West Broad Street, for the evening of June 21<sup>st</sup>. Please contact the Sheraton at (804) 285-2000 or (800) 325-3535 to make your reservation, **no later than June 10<sup>th</sup>**. Identify yourself as a member of the Virginia Department for the Aging, Financial Management Training group, when making your reservation.

On June 24, training will be held at the Wyndham Roanoke Airport Hotel, 2801 Hershberger Road NW. A block of rooms has been reserved for the state rate of \$59.00 at the Wyndham for the evening of June 23<sup>rd</sup>. Please contact the Wyndham at (540) 563-9300 to make your reservation, **no later than June 2<sup>nd</sup>**. Identify yourself as a member of the Virginia Department for the Aging, Financial Management Training group, when making your reservation.

The agenda and directions for these locations are attached. Please respond by June 10th as to the number and names of the attendees from your agency or firm and the location that you will attend by emailing me at [warren.mckeon@vda.virginia.gov](mailto:warren.mckeon@vda.virginia.gov) or calling my office at (804) 662-9320.

**Virginia Department for the Aging**  
**Financial Management Training**  
**Tentative Agenda**  
**June 22 or 24, 2004**

10:00 am	Welcome and Introductions	Tim Catherman Warren McKeon
10:15 am	Federal & State Laws Impacting AAAs (AAA Director's Manual) Vehicle Lease Record Retention	Tim Catherman
10:45 am	Human Resource Current Issues	James Godwin, Jr., SPHR Virginia Society of Health Human Resource Administrators
11:30 am	Accounting and Auditing Update	TBA Goodman & Company
12:15 am	Lunch On Your Own	
1:30 pm	Title V - The New Performance Measures	Warren J. McKeon
2:30 pm	Break	
2:45 pm	Monitoring Update- AIM Database Monitoring	Raymond Williams
3:15 pm	Area Plan & AMR Update	Jane Snead
3:45 pm	Questions and Comments New	

## **Directions to the Offices of the Virginia Department for the Aging**

**The Forest Office Park  
Preston Building, Suite 102  
1600 Forest Avenue  
Richmond, Virginia 23229  
(804) 662-9333**

**The offices of the Department for the Aging are easily accessible from I-64 West of the city. Free parking is available surrounding the Preston Building.**

### **From Washington or Petersburg (and points North and South of Richmond)**

**Take I-95 to Richmond (DO NOT TAKE I-295, STAY ON I-95). Follow the signs to I-64 West towards Charlottesville. Follow I-64 West to Exit 183A (Glenside Drive South and the University of Richmond). Stay in the right hand lane as you get onto Glenside Drive and go to the second traffic light. Turn right at this light onto Forest Avenue. Stay on Forest Avenue and go through the next three traffic lights. After the third light, turn right onto Franklin Farms Drive. The Preston Building will be the tan brick building with white window molding on your right. The Department's main entrance is at the rear of the building near the handicapped parking spaces.**

### **From Charlottesville (and points West of Richmond)**

**Take I-64 East to Richmond. Take Exit 183 (Glenside Drive South and the University of Richmond). At the traffic light, turn right. Go to the next traffic light and turn right onto Forest Avenue. Stay on Forest Avenue and go through the next three traffic lights. After the third light turn right onto Franklin Farms Drive. The Preston Building will be the tan brick building with white window molding on your right. The Department's main entrance is at the rear of the building near the handicapped parking spaces.**

### **From Norfolk (and points East of Richmond)**

**Take I-64 West to Richmond (DO NOT TAKE I-295, STAY ON I-64). Follow the signs to I-95 North to Washington. Then follow the signs to I-64 West to Charlottesville. Take Exit 183A (Glenside Drive South and the University of Richmond). Stay in the right hand lane as you get onto Glenside Drive and go to the second traffic light. Turn right at this light onto Forest Avenue. Stay on Forest Avenue and go through the next three traffic lights. After the third light, turn right onto Franklin Farms Drive. The Preston Building will be the tan brick building with white window molding on your right. The Department's main entrance is at the rear of the building near the handicapped parking spaces.**

**Directions to the Sheraton Richmond West Hotel**  
**(Formerly the Richmond Hyatt)**  
**6624 West Broad Street**  
**Richmond, VA 23230**  
**(804) 285-2000**

**From North**

Take Route 95 South, Exit 79 onto I-64 westbound (**DO NOT TAKE I-295**). Take exit 183-B (Broad Street East). Take a left at the first traffic light into the Brookfield complex.

**From South**

Take Route 95 North, Exit 79 onto I-64 westbound (**DO NOT TAKE I-295**). Take exit 183-B (Broad Street East). Take a left at the first traffic light into the Brookfield complex.

**From East**

From the airport take I-64 West to I-95 North. Go 2 miles to Exit 79 (Charlottesville/I-64). Go 2.6 miles to exit 183-B (Broad Street East). Take a left at the first traffic light into the Brookfield complex.

**From West**

Follow I-64 west to the exit marked Broad Street Road East. Take a left at the first traffic light into the Brookfield complex.

**Directions to the Wyndham Roanoke Airport**  
**2801 Hershberger Road, NW**  
**Roanoke, VA 24017**  
**(540) 561-7910**

**From North**

Take Route 81 South, Exit 143 to I-581 South. Take exit 3W, Hershberger Road. Turn right (U-turn) at the first light and look for signs for the Wyndham Roanoke Hotel. The hotel entrance is on your left.

**From South**

Take Route 81 North, Exit 143 to I-581 South. Take exit 3W, Hershberger Road. Turn right (U-turn) at the first light and look for signs for the Wyndham Roanoke Hotel. The hotel entrance is on your left.

**From East**

Take I-64 West to I-81 South. Take Exit 143 to I-581 South. Take exit 3W, Hershberger Road. Turn right (U-turn) at the first light and look for signs for the Wyndham Roanoke Hotel. The hotel entrance is on your left.

# COMMONWEALTH of VIRGINIA

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## MEMORANDUM

**TO:** AAA Directors

**FROM:** Bill Peterson & Janet Honeycutt

**DATE:** May 4, 2004

**SUBJECT:** **GrandDriver Program Information Sheet**

VDA and DMV (along with AARP and the Mid-Atlantic Chapter of the American Automobile Association) have begun the media awareness campaign for the Virginia GrandDriver Program. A special media event is also scheduled for May 6<sup>th</sup> at the State Capitol and media information will be sent to most local media outlets. Governor Warner's 30 second commercial for GrandDriver has now begun to air in the three largest media markets: Tidewater, Roanoke, and Richmond. The GrandDriver web site ([www.granddriver.net](http://www.granddriver.net)) is now up and running and will be expanded and updated over the weeks that follow.

Attached is information titled **FACTS and TIPS for Older Drivers and their Families, Friends, and Neighbors** that you can share with persons who call requesting information on aging and driving. This information is a great companion piece to the driving and dementia booklets that you already have (call us to obtain more copies if you need them).

In the meantime, please contact Janet Honeycutt at 804-662-9341 if you have any questions.

Attachments

## **The Virginia GrandDriver Program**

### **FACTS and TIPS for Older Drivers and their Families, Friends, and Neighbors**

Although GrandDriver is a national program sponsored by the American Association of Motor Vehicle Administrators, Virginia is the first state to initiate the program. GrandDriver partners currently working with the Department for the Aging are The Virginia Department of Motor Vehicles (DMV), the Virginia State AARP, and the Mid-Atlantic Chapter of the American Automobile Association (AAA).

#### **Did You Know?**

- DMV reports that in fiscal year 2003, more than 435,500 Virginians age 70 and older were licensed to drive in Virginia.
- During this same time period, DMV reports that 697 drivers aged 70 and older voluntarily surrendered their driver's license and gave up driving.

#### **OLD does Not Equal DANGEROUS...But May Equal AT-RISK**

Advanced age should not automatically suggest that an individual is a dangerous driver, regardless of the newspaper headlines of the past several years. The fact is that most older drivers are quite capable of safely operating a motor vehicle.

Drivers age 65 and older actually have the lowest per capita crash rate while drivers age 16 have the highest.<sup>1</sup> However, the number of crashes per mile driven increases with age after 65, as does the fatality rate per capita and per mile.<sup>2</sup> Those drivers in the age 85 and older group have the highest fatality rates per capita among all drivers. In fact, the fatality rate per mile for 85 plus drivers is comparable to or greater than that of teenagers.<sup>3</sup>

#### **Common Driving Problems for Older Drivers**

Older drivers have a different set of driving problems than do other age groups. Accidents involving older drivers tend to happen during daylight, in good weather, at low speeds, and close to their homes. They rarely involve alcohol. They often happen at intersections where the older driver is attempting to turn left, across oncoming traffic. Other common problems include:

- ✓ Difficulty changing lanes;

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<sup>1</sup> American Association of Motor Vehicle Administration. [www.aamva.net](http://www.aamva.net). October 14, 2001.

<sup>2</sup> The Cleveland Journal of Medicine, Volume 69, Number 3. Marsh 2002.

<sup>3</sup> Same as above.

- ✓ Difficulty backing up;
- ✓ Problems turning at intersections;
- ✓ Poor judgment about the right-of-way at intersections;
- ✓ Impaired interpretation of visual and spatial clues while driving; and
- ✓ Impaired interpretation of traffic signs.

Some types of driving are more dangerous than others for older persons including:

- ✓ Driving at dusk, night, and early mornings (dawn);
- ✓ Driving in rain, snow, ice, fog, or glare;
- ✓ Driving on Interstate highways where high speeds are expected and driving too slowly creates a hazard;
- ✓ Driving during rush hour or when the roadways are especially congested;
- ✓ Driving for long distances where an older driver can become fatigued or disoriented; and
- ✓ Driving on two-lane roads that require increased driving skills to pass slower moving vehicles.

Many older drivers find that by limiting or stopping driving in these situations, they are able to continue to drive to the grocery store, doctor's office, pharmacy, or church as needed without putting themselves or others unduly at risk.

### **Physical Changes in Older Drivers that Contribute to Accidents**

A variety of age-related changes may make driving more difficult for older persons including:

- ✓ Impaired vision, especially diminished visual acuity, narrowed field of vision, difficulty in low-light conditions (dusk, fog, etc.), and difficulty following moving objects;
- ✓ Hearing loss;
- ✓ Limited joint mobility including arthritis and pain in the back, neck or hips;
- ✓ Loss of strength in the arms and legs; and
- ✓ Various neurological issues including prolonged reaction times or, more seriously, dementia such as Alzheimer's disease.

### **Warning Signs**

The following are some of signs that you (or an older relative) may be having problems driving safely:

- ✓ If you are generally nervous about driving;
- ✓ If you have problems maneuvering through intersections (the lane and turn markings or the various traffic signals are confusing);
- ✓ If you are nervous about high speed driving, Interstate highway driving, or making left turns at busy intersections;
- ✓ If you are nervous and have problems safely merging into traffic;

- ✓ If you have started to bump the curb when turning corners or are having difficulty parking;
- ✓ If you get lost driving on once-familiar roads;
- ✓ If you react more slowly to traffic situations than you used to;
- ✓ If you find gaps in traffic harder to judge;
- ✓ If you fail to notice traffic lights, stop signs, or other critical highway warning signs or you see them too late to respond;
- ✓ If you are now finding yourself driving on the wrong side of the road or the wrong way down one-way streets; and
- ✓ If you feel are generally overwhelmed in trying to pay attention to traffic lights, road signs, other cars, and pedestrians all at the same time.

Everyone has bad driving days. However, if you are having more frequent problems with your driving, you might want to keep a driving log. Keeping a log helps you see what specific driving problems you may now be experiencing and whether these problems are getting worse. If you are a family member concerned about the driving skills of an older relative, a driving log can help you objectively look at specific driving issues. This will allow you to discuss specific driving problems and help your older relative make the best decision about their continued driving abilities.

### **Driver Evaluation and Rehabilitation Programs**

There are a number of organizations that can conduct driver evaluations...or competency tests...for older drivers. These organizations can assess a driver's physical and mental ability to drive safely (a listing is attached). They may also be able to recommend simple changes in driving habits that will make driving safer and also recommend simple devices (such as a wide-angle rearview mirror) that can help drivers continue to drive safely.

Unfortunately, these programs are not available to drivers free of charge. Most programs will charge a fee (from \$300 on up) for this service. Additionally, there will be a charge for many of the devices that can be installed in a car to help an older driver continue to drive safely. However, many families find that it is well worth the investment to assure that their older relative can continue to drive safely and remain independent for as long as possible. The Virginia Assistive Technology System (VATS) also provides low interest loans that can help drivers purchase and install various devices that will help them continue to drive safely (<http://www.vats.org/>).

For drivers 55 and older, DMV has approved the accident prevention courses listed below. If you complete one of these courses, you may be eligible for a reduction or discount in your automobile insurance premium. Check with your agent to see if your insurance company offers this benefit.

*Safe Driving for Mature Operators Program*  
*AAA Mid-Atlantic Driving School*  
14280 Park Meadow Drive

Chantilly, VA 20151  
1-877-457-0711 (Toll Free)  
[www.aaa.com](http://www.aaa.com)

*Safe Driving for Mature Operators*  
*AAA of Virginia*  
1011 Boulder Spring, Suite 400  
Richmond, VA 23224  
804-323-6535

*AAA of Tidewater Virginia*  
5366 Virginia Beach Boulevard  
Virginia Beach, VA 23462  
757-233-3887  
Email: [ehill@tidewater.aaa.com](mailto:ehill@tidewater.aaa.com)

*AARP Driver Safety Program*  
5253 Pleasant Hall Court  
Virginia Beach, VA 23464-2648  
757-497-9571

*AARP 55 Alive*  
601 E Street, NE  
Washington, DC 20049  
1-888-227-7669 (1-888-AARP-NOW) (Toll Free)  
[www.aarp.org/drive](http://www.aarp.org/drive)

## **Reporting Impaired or Unsafe Drivers**

In some situations, impaired or unsafe drivers refuse to allow someone else to drive or to voluntarily give up their license and privilege to drive. Driving is more than just a means of transportation in America. To many older persons, the car is a symbol of independence, a social and economic status symbol, and a part of their adult life and personality. The loss of driving privileges is not only associated with limited mobility but also decreased socialization and independence. It is not surprising, then, that convincing an older driver to turn over his car keys, turn in his license, and give up driving is very emotional and difficult.

The Virginia Department of Motor Vehicles (DMV) can help families convince an older driver to turn in their license. DMV's Medical Review Services is responsible for the review of individuals who may have a physical or mental condition that interferes with their ability to drive safely. In reviewing a driver's abilities, DMV's goal is to allow the individual to drive for as long as he can exercise reasonable and ordinary control over his vehicle.

Family members, friends, physicians, law enforcement officers, and others can report an impaired or unsafe driver by filling out a special Review Request form. If you are a health care professional, complete a Medical Review Request (form MED3). If you are a family member, friend, or neighbor, complete a Customer Medical Report (form MED2). You can obtain these forms by going to the DMV website (<http://www.dmv.state.va.us/webdoc/pdf/med2.pdf>) or by visiting a local DMV office. Once the forms are completed, they can be mailed to:

*DMV Medical Review Services*

PO Box 27412

Richmond, VA 23269-0001

Or they can be FAXed to 804-637-1604.

All reports of impaired or unsafe drivers must include:

- ✓ Information that will help DMV identify the impaired driver (such as name, address, date of birth, et cetera);
- ✓ Specific information about your concerns and why the person should be reviewed by DMV; and
- ✓ The name, address and telephone number of the person reporting the impaired driver, so that DMV may follow up.

Once DMV reviews the MED3 or MED2, they may send the older driver a notice advising them to submit a medical or vision report or to come into a local DMV office to take a driving test. The older driver must comply with this request within 30 days. In the case where an older driver's physician submits the initial report and it recommends that the person no longer drive, DMV will send the driver a suspension order. DMV has specially trained examiners who conduct behind the wheel driving tests of older or disabled drivers to determine their ability to safely operate a motor vehicle.

More information about the Medical Review process may be found at the DMV website (<http://www.dmv.state.va.us/webdoc/citizen/medical/index.asp>).

What if the person refuses to stop driving, even after receiving a suspension notice from DMV or failing the driving test? It is a sad fact that, with so many drivers on today's busy roads, local police are often unable to respond to every complaint about an unsafe driver and the result is that sometimes unsafe and impaired drivers continue to operate vehicles. This may be especially true for those older persons who suffer from Alzheimer's disease or other dementia which impairs their memory and judgment. Families, friends, and neighbors can continue to talk with the older driver, and to work with DMV and local law enforcement agencies, to try to keep him from driving. Providing transportation, offering to go to the grocery store, providing a ride to the doctor, or finding a local transportation provider for the older person are some strategies to keep an older driver from having to get behind the wheel.

## **Dementia and Driving**

Memory loss that disrupts everyday life, including the ability to operate an automobile safely, is not a part of the normal aging process. It is a symptom of dementia, which is a gradual and progressive decline in memory, thinking, and reasoning skills. Alzheimer's disease, and other forms of dementia, multiply the normal problems associated with aging and driving (such as problems with vision, hearing, and motor skills).

There are a variety of tactics that families have used through the years to keep people off the road who suffer from Alzheimer's or other dementia. These range from hiding the keys, to disabling the car, to hiding or selling the car. Some of these tactics may be more effective than others. For more information on dealing with the older driver who has dementia, as well as any older driver who may be impaired or otherwise unsafe behind the wheel, see the booklet titled *When to Yield: Questions and Answers about Driving and Dementia* (to obtain additional copies of this booklet, call the Department for the Aging at 1-800-552-3402).

## Partial List of Adaptive Driving Services in Virginia

CENTER	PROGRAM(S)
<b>Alert Driver Training of Vinton</b> Driver Improvement Program POB 1176, 2102 Hardy Rd. Vinton, VA 24179 540-890-0347 Norman G. Gulbreth	<ul style="list-style-type: none"> <li>• bookwork</li> <li>• on-the-road training</li> </ul>
<b>Danville Driving School</b> 626 North Ridge St., Suite C Danville, VA 24541 434-792-0402 Kathleen Roach	<ul style="list-style-type: none"> <li>• bookwork</li> <li>• on-the-road training (will train with hand controls/steering device in individual's personal vehicle)</li> </ul>
<b>Gest Educational Services</b> 1145 River Road Charlottesville, VA 434-978-3680 Karen Gest	<ul style="list-style-type: none"> <li>• bookwork</li> <li>• on-the-road training (mainly MR &amp; LD)</li> </ul>
<b>Hampton VA Med Ctr</b> Rehab Medical Service Hampton VAMC Rm117 Hampton, VA 23667 757-722-9961 Ext. 2202/2056 George Skinner/Matt Pagels	<ul style="list-style-type: none"> <li>• on-the-road evaluations</li> <li>• van evaluations</li> <li>• high tech equipment evaluations</li> <li>• on-the-road training</li> </ul>
<b>Hunter Holmes McGuire VA Med Ctr</b> Rehabilitation Medicine Services 1201 Broad Rock Rd. Richmond, VA 23249 804-675-5273 John H. Vaughter, Jr.	<ul style="list-style-type: none"> <li>• on-the-road evaluations</li> <li>• van evaluations</li> <li>• high tech equipment evaluations</li> <li>• on-the-road training</li> </ul>
<b>Johnston-Willis Hospital</b> 1401 Johnston-Willis Drive Richmond, VA 23235 804-330-2068 Anita Crean, OTR	<ul style="list-style-type: none"> <li>• on-the-road evaluations</li> <li>• on-the-road training</li> </ul>
<b>Lampshire Driving School</b> 17997 Dumfries Shopping Center Dumfries, VA 22026-2101 703-221-0222/703-360-7337 Brad Lampshire	<ul style="list-style-type: none"> <li>• on-the-road training (Has left foot accelerator and steering devices; will train with hand controls in individual's personal vehicle; works with Mt. Vernon Hospital)</li> </ul>

<b>On-The-Road Again</b> Wilmington Regional Medical Center 1 Medical Park Blvd. Bristol, TN 37620 423-844-4148 Kim Johnson	<ul style="list-style-type: none"> <li>• on-the-road evaluations</li> <li>• on-the-road training</li> </ul>
<b>National Rehab. Hospital</b> 102 Irving St., NW Washington, DC 20010 202-877-1531 or 202-877-1705 Glen Dignam	<ul style="list-style-type: none"> <li>• on-the-road evaluations</li> <li>• van evaluations</li> <li>• high tech equipment evaluations</li> <li>• on-the-road training</li> </ul>
<b>Riverside Rehab Institute</b> 245 Chesapeake Ave. Newport News, VA 23607 757-928-8050 Karl Hoffman, OTR	<ul style="list-style-type: none"> <li>• on-the-road evaluations</li> <li>• on-the-road training</li> </ul>
<b>Roanoke Medical</b> 4508 Starkey Road Roanoke, VA 24018 540-725-8725 <b>Botetourt Athletic Club</b> 105 Summerfield Court Roanoke, VA 24019 540-966-2640 Janet Stohler, OTR/CDRS	<ul style="list-style-type: none"> <li>• on-the-road evaluations</li> <li>• on-the-road training</li> </ul>
<b>The Therapy Center of Ghant</b> 400 B West 21st St. Norfolk, VA 23517 757-668-4114 Paula Naudziumas, OTR	<ul style="list-style-type: none"> <li>• on-the-road evaluations</li> <li>• on-the road training</li> </ul>
<b>Winchester Rehabilitation Center</b> 333 W. Cork St. Winchester, VA 22601 540-536-5113 Debbie Bender, OTR	<ul style="list-style-type: none"> <li>• on-the-road evaluations</li> <li>• on-the-road training</li> </ul>
<b>Woodrow Wilson Rehabilitation Center</b> Occupational Therapy Department Box W-477, PO Box 1500 Fishersville, VA 22939 540-332-7117 Kay Buchanan, OTR	<ul style="list-style-type: none"> <li>• on-the-road evaluations</li> <li>• van evaluations</li> <li>• high tech equipment evaluations</li> <li>• on-the-road training</li> <li>• bookwork</li> </ul>

DGJ/slm/KAB

12/94, 2/96, 12/97, 11/98, 7/99, 01/03

[drivctr]

*COMMONWEALTH of VIRGINIA*

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** AAA Directors

**FROM:** Bill Peterson

**DATE:** May 4, 2004

**SUBJECT:** **Updated Legislative Summary of Bills and Resolutions From the 2004 Session of the Virginia General Assembly**

Attached is a listing of the disposition of the bills and resolutions that VDA had included in its listing of **Selected Bills & Resolutions of Interest to Older Virginians and their Families** from the 2004 session of the General Assembly.

Attachment

## 2004 VIRGINIA GENERAL ASSEMBLY

### Selected Bills & Resolutions of Interest to Older Virginians and their Families -

This is in addition to the list found on the V4A web page, found at: <http://www.vaaaa.org/>

Categories	Page
ADULT PROTECTIVE SERVICES	1
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TAXES – Property & Estate Taxes, Income Taxes	14
TAXES – Sales & Use Taxes	16
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Many bill descriptions in this summary are abbreviated. For complete descriptions, please contact the Virginia Division of Legislative Services at (804) 698-1500 or go to the Legislative Information System (LIS) web site: <http://legis.state.va.us/>. Remember: The descriptions listed reflect the wording of the bills at the time of their introduction. Because of amendments and substitutions, the description of many of the bills listed in this summary may have changed.

A copy of this summary may be found on the Department for the Aging's web page: [www.vda.virginia.gov](http://www.vda.virginia.gov).

### **ADULT PROTECTIVE SERVICES**

#### **HB 732 (Joannou) Adult protective services; release of reports made in bad faith.**

Establishes a circuit court procedure for a person who is alleged to have committed abuse, neglect or exploitation of an adult to access adult protective services records when the allegation against the person is believed to be made in bad faith or with malicious intent. If the circuit court determines that there is a reasonable question of fact as to whether the report was made in bad faith or with malicious intent and that disclosure of the identity of the complainant would not be likely to endanger the life or safety of the complainant, it shall provide to the person a copy of the records of the investigation. The original records

shall be subject to discovery in any subsequent civil action regarding the making of a complaint or report in bad faith or with malicious intent.

**Outcome: Continued to 2005 in House Committee on Health, Welfare and Institutions**

**HB 1093 (Moran) Abuse and neglect of incapacitated adult; includes financial exploitation.**

Includes within the crime of the abuse of an incapacitated adult, the financial exploitation of an incapacitated adult, and defines the term "financially exploits."

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**HB 952 (Ebbin) & SB 318 (J. Howell) Adult Protective Services; change in provisions, establishes Adult Protective Services Trust Fund & Adult Fatality Review Team.**

Revises portions of existing adult protective services law, including reporting and investigation procedures of suspected adult abuse, neglect or exploitation. Adds persons certified or registered by health regulatory boards, certain mental health services providers, guardians and conservators, and other care providers to the list of persons who, acting in their official capacities, are mandated to report suspected cases of adult abuse, neglect or exploitation. Criminal penalties for anyone 14 years of age or older knowingly making a false report of adult abuse are established as a Class 4 misdemeanor, and a Class 2 misdemeanor for conviction of a subsequent false report. The bill also increases the initial time period in which adult protective services may be provided through an appropriate court order from five to 15 days. The bill establishes the Adult Protective Services Trust Fund as a special nonreverting fund within the state treasury. All civil penalties collected under the mandatory reporting provisions, and all other such moneys as may be allocated to the Fund, are to be disbursed for the development and operation of the adult protective services program. Finally, the bill establishes the Adult Fatality Review Team ("Team") chaired by the Chief Medical Examiner to develop procedures to ensure that deaths involving abuse or neglect of adults age 60 or older, or incapacitated adults age 18 or older, are analyzed in a systematic way in order to help prevent such suspicious deaths in the future.

**Outcome: Substitute bill passed & approved by Governor (effective 7/1/04)**

**HJ 147 (Watts) Caregiver abuse, neglect, and exploitation of adults.**

Requests the Virginia Department of Social Services to study the detection and reporting of caregiver abuse, neglect, and exploitation of adults. The Commissioner of the Department shall submit an executive summary and report of the progress in meeting the request of this resolution no later than the first day of the 2005 Regular Session of the General Assembly.

**Outcome: Tabled in House Rules Committee (did not pass)**

**CAREGIVERS' GRANT**

**HB 90 (Purkey) & HB 1252 (Baskerville) Caregivers Grant Program.**

Increases the grant available to a caregiver of a mentally or physically impaired relative from \$500 to \$3,000 if the caregiver can provide appropriate documentation that without such care, the relative would be domiciled in a nursing facility. Grants from this fund shall not exceed the amount appropriated by the General Assembly to the Virginia Caregivers Grant Fund. Grants from this fund shall not exceed the amount appropriated by the General Assembly to the Virginia Caregivers Grant Fund.

**Outcome: Continued to 2005 in House Appropriations Committee**

**FUNERALS**

**HB 1219 (Spruill) Funeral services; certain exempt from licensure, membership of Board.**

Exempts from licensure as a funeral services provider persons who sell items of merchandise to consumers that will be used in connection with a funeral or an alternative to a funeral or final disposition

of human remains including caskets. The bill also requires a majority of citizen members on the nine-member Board of Funeral Directors and Embalmers. The Board's current composition is seven funeral services licensees and two citizen members.

**Outcome: Passed by indefinitely (did not pass)**

## **GUARDIANSHIP – and related issues**

### **HB 139 (T. Kilgore) Health Care Decisions Act; persons who may witness an advance directive.**

Removes the prohibition that a spouse or blood relative of the patient cannot serve as a witness of the signing of an advance directive. This provision authorizes any person over the age of 18, including a spouse or blood relative of the declarant, to serve as a witness for the advance directive.

**Outcome: Tabled in House (did not pass)**

### **HB 984 (Reese) Conservators & guardians; definition to include tax-exempt organization that provide services to incapacitated person.**

Modifies definitions of "conservator" and "guardian" to include local and regional tax-exempt organizations established to provide conservatorial or guardian services to incapacitated persons who are receiving services from a community services board or behavioral health authority. Currently, in addition to persons appointed by the court, local or regional programs designated by the Department for the Aging may serve as "public" conservators and guardians.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

### **HB 1103 (Moran) Conservatorship; definition to include tax-exempt organization that provide services to incapacitated person.**

Modifies definitions of "conservator" and "guardian" to include local and regional tax-exempt organizations established to provide conservatorial or guardian services to incapacitated persons who are receiving services from a community services board or behavioral health authority. Currently, in addition to persons appointed by the court, local or regional programs designated by the Department for the Aging may serve as "public" conservators and guardians.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

### **HB 494 (T. Kilgore) Guardianships; provisions for requests by child for incapacitated parent.**

Expands the ability to name standby conservatorships from situations in which a parent or legal guardian has made such a request for an incapacitated child to situations in which a child can make such request for an incapacitated parent. Under the current statute, only parents or legal guardians may seek standby guardianship.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

### **HB 229 (T. Kilgore) Power of attorney; acceptance of social security numbers.**

Provides that the circuit court clerks must accept powers of attorney containing social security numbers for recordation if the person offering the power of attorney authorizes the clerk to cover or conceal temporarily the social security number while the power of attorney is being recorded. This approach accommodates both concerns regarding identity theft and situations where a principal cannot execute a new power of attorney, and an existing power of attorney, containing a social security number, must be recorded.

**Outcome: Incorporated into HB 332**

### **HB 332 (Pollard) Power of attorney; acceptance of social security numbers.**

Provides that the circuit court clerks must accept powers of attorney containing social security numbers for recordation if the person offering the power of attorney authorizes the clerk to cover or conceal

temporarily the social security number while the power of attorney is being recorded. This approach accommodates both concerns regarding identity theft and situations where a principal cannot execute a new power of attorney, and an existing power of attorney, containing a social security number, must be recorded.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**HB 961 (Barlow) Mentally retarded persons; appointment of guardian or conservator.** Grants the court the discretion to elect not to appoint a guardian ad litem to represent the interests of the respondent in a guardianship or conservatorship proceeding only when (i) the respondent is 18 years of age or older and has a diagnosis of mental retardation; (ii) the respondent is the child of the petitioner; (iii) the petitioner has been the person primarily responsible for the care of the respondent for at least five years immediately preceding the filing of a petition; (iv) the petitioner provides the court with an independent evaluation report of the respondent performed by a licensed professional skilled in the diagnosis, care and treatment of individuals with mental retardation which shall document, to the best information and belief of its signatory, whether the respondent is an incapacitated person who needs a guardian, a conservator, or both; and (v) the respondent has not notified the court verbally or in writing that he desires the appointment of a guardian ad litem. If at any time subsequent to the filing of a petition the respondent notifies the court verbally or in writing that he desires the appointment of a guardian ad litem, the court must appoint a guardian ad litem immediately.

**Outcome: Continued to 2005 in House Courts of Justice Committee**

**SB 19 (Puller) Guardians of incapacitated persons; prohibits change in marital status without prior court approval.**

Eliminates the authority of a conservator for an incapacitated person to seek a divorce without prior court authorization. Guardians of incapacitated persons are prohibited from seeking a change in a person's marital status without prior court approval.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**SB 35 (Y. Miller) Guardianship of children; subsidy for relative caregivers.**

Directs the Department of Social Services to establish a subsidized guardianship program for the benefit of children in the custody of a local board of social services or other child welfare agency who are living with relative caregivers and who have been in foster care or living with relatives other than natural parents for not less than 18 months. A relative caregiver means a person who is caring for a child related to such person where the option of the child's reunification with his natural parents is eliminated and termination of parental rights is not appropriate.

**Outcome: Substitute Bill Passed & Approved by Governor (effective 7/1/04)**

## **HEALTH CARE – General**

**HB 1215 (Landes) Medicaid; Department of Medical Assistance Services to seek waiver to establish asset transfer limits.**

Directs the Department of Medical Assistance Services to seek a waiver from the Centers for Medicare and Medicaid Services to establish asset transfer limits that are more restrictive than those currently permitted under federal Medicaid law or regulations.

**Outcome: Continued to 2005 in House Committee on Health, Welfare and Institutions**

**HJ 85 (Marshall) Health care; joint subcommittee to study escalating cost of health care in Virginia; report.** Establishes a joint subcommittee to study the escalating cost of health care in Virginia. The Joint Subcommittee also shall identify potential strategies and mechanisms to address the escalating cost of health care in Virginia, including chronic disease management techniques, provider payment incentive systems, the widespread distribution of comparative quality information about providers and

effectiveness information about various medical procedures and tests, restrictive choices of providers, and cost-sharing approaches that provide increased incentives to patients to make cost-effective decisions about their use of health care resources. The joint subcommittee shall complete its meetings for the first year by November 30, 2004, and for the second year by November 30, 2005

**Outcome: Tabled in House (did not pass)**

**HJ 160 (Brink) Pain management in long-term care facilities; Joint Commission on Health Care to study.**

Directs the Joint Commission on Health Care to conduct a study of the issue of developing a pain management standard for long-term care facilities in Virginia. The Joint Commission is directed to report its findings by the first day of the 2005 Session.

**Outcome: Tabled in House (did not pass)**

**SJ 24 (Marsh) Oral health care; Study access to and costs of oral health care.** Establishes a joint subcommittee to study access to and the costs of oral health care. The joint subcommittee shall submit an executive summary of its findings and recommendations no later than the first day of the 2005 Regular Session of the General Assembly, indicating whether the joint subcommittee intends to submit to the Governor and the General Assembly a report of its findings and recommendations for publication as a document.

**Outcome: Passed House & Senate**

**HEALTH CARE – Practitioners**

**HB 284 (Cosgrove) Income tax, state; tax credit for certain health care practitioners providing indigent care.**

Provides an income tax credit to health care practitioners who provide free medical services to indigent persons who cannot pay for the services themselves. The amount of the credit is equal to 25 percent of the fee the practitioner would charge for the service, not to exceed \$1,000 annually for any practitioner. The credit would be available for taxable years beginning on or after January 1, 2005.

**Outcome: Continued to 2005 in House Finance Committee**

**HB 285 (Cosgrove) Neighborhood Assistance Act; tax credit for donations of professional services.**

Stipulates that physicians, dentists, nurses, nurse practitioners, physician assistants, optometrists, dental hygienists, professional counselors, clinical social workers, clinical psychologists, marriage and family therapists, physical therapists, and pharmacists who provide health care services within the scope of their licensure, without charge, to patients of certain free and not-for-profit clinics, shall be eligible for the income tax credit under the Neighborhood Assistance Act, regardless of where the services are delivered.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**HB 1226 (Suit) Indigent care; Immunity from liability under certain circumstances for physicians rendering free care to indigents.**

Provides that any licensed physician delivering health care services to individuals who are indigent but are not eligible for medical assistance services or any other program for reimbursement of health care services for low-income individuals shall not be liable for any civil damages for any act or omission resulting from the rendering of such indigent health care services when such services are delivered without charge at his office or a clinic, hospital or other health care facility that regularly charges patients for such services, in whole or in part, unless such act or omission was the result of such physician's gross negligence or willful misconduct.

**Outcome: Passed by indefinitely (did not pass)**

**HJ 135 (Morgan) Geriatricians; Joint Commission on Health Care to study access to and the availability of geriatricians and ways to increase geriatrics expertise among Virginia's health professionals.** Directs the Joint Commission on Health Care to survey the Commonwealth's three medical schools and other health professional programs in Virginia's private and public institutions of higher education to ascertain how geriatrics is covered in the curricula and what, if any, plans have been or are being made to develop specific programs focused on geriatrics or incorporating appropriate principles into the present programs for surgeons, psychiatrists, neurologists, dentists, other specialty areas, and primary care specialties. Upon completion of its data collection and analyses, the Joint Commission must make recommendations concerning (i) the professionals that should be encouraged to study geriatrics, (ii) additions to any medical school or higher education curriculum, (iii) the number of geriatricians in various health professions and specialties that will be needed in Virginia by 2010, and (iv) initiatives for individuals enrolled in various medical and health care education to become geriatricians. The Joint Commission must report its findings by the first day of the 2005 Session.

**Outcome: Tabled in House (did not pass)**

**HJ 205 (Bryant) Nurse practitioner prescriptive authority.**

Requests the Board of Nursing and the Board of Medicine to collect information on nurse practitioner prescriptive authority. The Boards shall determine the impact of the authority to prescribe Schedule III through IV controlled substances and devices on patient care, provider relationships, third-party reimbursement, physician practices, and patient satisfaction with nurse practitioner treatment. The Board of Nursing and the Board of Medicine shall submit to the Division of Legislative Automated Systems an executive summary and the information collected on nurse practitioner prescriptive authority no later than the first day of the 2005 Regular Session of the General Assembly.

**Outcome: Passed House & Senate**

**SB 415 (Newman) Medical malpractice; limit on attorney fees.**

Provides that beginning with medical malpractice actions accruing on or after July 1, 2004, attorney fees shall be limited in accordance with the following fee schedule: 40 percent of the first \$50,000 of the sum recovered; 33 and one-third percent of the next \$50,000 recovered; 25 percent of the next \$500,000 recovered; and 15 percent of any amount greater than \$600,000 of the sum recovered.

**Outcome: Incorporated into SB 601**

**SB 601 (Newman) Risk management plans; including medical malpractice liability insurance for physicians & sole community hospitals.**

Provides that certain qualifying physicians and sole community hospitals may purchase medical malpractice insurance from the risk management plan administered by the Department of Treasury. Sole community hospitals also may purchase general liability coverage. The bill establishes a joint subcommittee to study issues surrounding risk management plans. The subcommittee will meet in the 2004 interim.

**Outcome: Substitute Bill Passed & Approved by Governor (effective 7/1/06)**

**SJ 19 (Howell) Community health workers; JMU to study status, impact, and utilization.**

Requests James Madison University to study the status, impact, and utilization of community health workers. Community health workers are trained lay persons who, as trusted members of their communities, serve as health resource persons where they live and work, implementing culturally appropriate health education and outreach among groups that have traditionally lacked adequate health care.

**Outcome: Passed House and Senate**

## **HEALTH CARE FINANCING – Medicaid (see also PRESCRIPTION DRUGS)**

### **SB 195 (Reynolds) Medical assistance services; Income eligibility for medical assistance services of aged and disabled individuals.**

Requires the Virginia Medicaid program to increase the income eligibility of aged and disabled individuals to 100 percent of the federal poverty lines as allowed by federal law.

**Outcome: Continued to 2005 in Senate Finance Committee**

### **SB 196 (Reynolds) Virginia Health Access Plan.**

Establishes the Virginia Health Access Plan (Plan) to be administered by the Department of Medical Assistance Services (DMAS), modeled on Vermont's Health Access Plan, to provide uninsured and underinsured adults in the Commonwealth with health benefits coverage.

**Outcome: Continued to 2005 in Senate Finance Committee**

### **HJ 42 (Athey) Medicaid; Joint Commission on Health Care to study current provision of brokered non-emergency transportation**

Directs the Joint Commission on Health Care to study the current provision of brokered non-emergency transportation for Medicaid recipients through the Logisticare contract. The Joint Commission shall examine the previous pilot program in far southwest Virginia and the efforts by states similar to Virginia to provide cost-effective Medicaid transportation. Report due no later than the first day of the 2005 Regular Session of the General Assembly.

**Outcome: Passed House & Senate**

### **SJ 58 (Bell) Medicaid recipients; Joint Commission on Health Care to study improvement of costs of prescription drugs.**

Directs the Joint Commission on Health Care to study the success of other states in improving services and lowering costs of health care and prescription drugs to Medicaid recipients through public-private partnerships, including other states' disease management programs, and to recommend whether Virginia should adopt similar programs. The Commission shall complete its meetings by November 30, 2004, and submit an executive summary of its findings and recommendations no later than the first day of the 2005 Regular Session of the General Assembly.

**Outcome: Passed Senate & House**

## **INSURANCE – Long Term Care**

### **HB 1050 (Hamilton) Income tax; credit for purchase of long-term care insurance.**

A BILL to amend and reenact § 58.1-322 of the Code of Virginia and to amend the Code of Virginia by adding in Article 3 of Chapter 3 of Title 58.1 a section numbered 58.1-339.11, relating to individual income tax deductions and credits for the cost of long-term care insurance premiums.

**Outcome: Continued to 2005 in House Appropriations Committee**

### **HB 1214 (Landes) Income tax; credit for purchase of long-term care insurance.**

Provides a credit against individual income taxes for certain long-term care insurance premiums paid by individuals during the taxable year and sunsets the current individual income tax deduction for long-term care insurance premiums. An individual at least 55 years old, or an individual purchasing long-term care insurance for a Virginia resident at least 55 years old, is eligible for an individual income tax credit for insurance premiums paid by the individual for long-term care insurance coverage of Virginia residents at least 55 years old. The credit would be available beginning with the 2004 taxable year.

**Outcome: Continued to 2005 in House Finance Committee**

**SB 266 (Edwards) Medical assistance services; long-term care partnership plan.**

Requires the Board of Medical Assistance Services to establish, in the state plan for medical assistance services, a long-term care partnership plan to encourage the purchase of private long-term care insurance as the primary source of funding long-term care for the participant.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

**SJ 50 (Edwards) Public-Private Long Term Care Insurance Partnership Programs; study.**

Requests the Department of Medical Assistance Services to study the feasibility of Public-Private Long Term Care Insurance Partnership Programs for Virginia. The Department must submit its executive summary to the 2005 Session of the General Assembly.

**Outcome: Stricken from Senate Rules Committee docket at request of patron.**

**INSURANCE – Other**

**HB 814 (Eisenberg) Homeowners insurance; prohibits cancellation or nonrenewal for claims inquiries.**

Prohibits homeowners insurers from canceling or refusing to renew homeowners insurance policies based solely on inquiries from insureds about potential claims for covered damages, but no claims have been filed.

**Outcome: Continued to 2005 in House Commerce and Labor Committee**

**HB 818 (Drake) Homeowners insurance; prohibits nonrenewal due to claims made within 24-months.**

Prohibits an insurer from refusing to renew a homeowners insurance policy solely because of one or more claims made on the policy that occurred more than 24 months immediately preceding the upcoming anniversary date of the policy.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

**HB 1019 (Dillard) Homeowners insurance; policy nonrenewals for claims from other than natural causes.**

Prohibits an insurer or agent from refusing to renew an insurance policy that was written on an owner-occupied dwelling solely because of a claim resulting primarily from other than natural causes, unless the claim is related to a substantial increase in the risk of loss that the insurer assumed under the policy. Currently, an insurer may not refuse to renew a policy due to claims resulting primarily from natural causes, but may do so for claims resulting primarily from any other cause.

**Outcome: Continued to 2005 in House Commerce and Labor Committee**

**HJ 143 (Marshall) Health insurance industry; joint subcommittee to study operations and escalating cost.**

Establishes a 10-member joint subcommittee to study the escalating costs of health insurance in Virginia. This two-year study group must report by way of an executive summary posted by the first day of the 2005 and 2006 Sessions.

**Outcome: Tabled in House (did not pass)**

**HJ 144 (Marshall) Health insurance industry; Bureau of Insurance to study operations and cost.**

Requests the Bureau of Insurance to study the operations of the health insurance industry and the escalating cost of health insurance in Virginia. The Bureau of Insurance will report by the first day of the 2005 Regular Session of the General Assembly.

**Outcome: Continued to 2005 in House Rules Committee**

## **KINSHIP CARE**

**SB 78 (Y. Miller) Kinship care.** Defines the practice of kinship care as the full-time care, nurturing, and protection of children by relatives, members of their tribes or clans, stepparents, or any adult who has a familial bond with a child. The bill requires a local board of social services to consider kinship care as an alternative to a foster care placement if it is in the child's best interest.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

### **SJ 22 (Y. Miller) Kinship care program; JLARC to study need for and efficacy of establishing.**

Requests the Joint Legislative and Audit Review Commission to determine (i) the extent to which children in foster care are placed with relatives and the conditions under which children enter kinship care; (ii) the costs and sources of funds from all sources for kinship care; (iii) the current policy of the Commonwealth regarding kinship care; (iv) the characteristics of kinship caregivers and their households, services provided to kinship caregivers and birth parents; (v) the conditions, if any, under which birth parents may have access to their children in kinship care; and (vi) whether and how plans to provide transition from temporary to permanent kinship care for children should be developed and implemented. The Commission must complete its meetings for the first year by November 30, 2004, and for the second year by November 30, 2005, and submit to the Governor and the General Assembly an executive summary and report of its findings and recommendations for publication as a document for each year.

**Outcome: Stricken at request of Patron**

## **NURSING HOMES, ASSISTED LIVING & VETERANS CARE**

### **HB 813 (Eisenberg) Elderly frail persons; establishes congregate housing services program for frail elderly individuals.**

Directs the Department of Social Services to establish a four-year pilot congregate housing services program for frail elderly individuals. The Department shall submit to the House Committee on Health, Welfare and Institutions and the Senate Committee on Rehabilitation and Social Services a report outlining the plan for the congregate housing services for frail elderly individuals by November 1, 2004, and operationalize the plan by March 1, 2005. The qualified service provider shall specify the type and priorities of the supportive services it will provide during the term of the contract and such services shall be related to the needs and characteristics of the residents. The qualified service provider shall establish a fee schedule for each supportive service and residents shall contribute financially toward the services, according to their ability to pay based on their income. Any fees charged shall not exceed the cost of providing the services. The Department shall determine an individual's eligibility for the congregate housing services program and the services subsidy, i.e., the sum necessary to provide supportive services to an eligible participant in excess of that individual's ability to pay for services, to be paid by the Department. The Department shall evaluate and report on the impact and effectiveness of the congregate housing services program for frail elderly individuals.

**Outcome: Passed by indefinitely (did not pass)**

### **HB 635 (O'Bannon) Assisted living facilities; exception to regulations for those w/Alzheimer's care units.**

Authorizes an exception to the regulatory requirement for assisted living facilities with special Alzheimer's care units that at least two direct care staff members be awake and on duty at all times who shall be responsible for the care and supervision of the residents under very limited circumstances.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

### **HB 789 (Watts) Nursing homes; establishment of staffing standards.**

Requires the Board of Health to establish staffing standards for nursing homes that will provide an average of three and one-half hours of direct care services per resident per 24-hour period.

**Outcome: Tabled in House (did not pass)**

**HB 891 (Sickles) Nursing homes and assisted living facilities; notification to electric utilities.**

Requires the State Health Commissioner to notify electric utilities in Virginia on a quarterly basis as to the location of all licensed nursing homes in the State, and requires the Commissioner of the Department of Social Services to do the same for assisted living facilities. The purpose of the bill is to facilitate the restoration of electrical service and prioritization of customers during widespread power outages.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**SB 181 (Blevins) Assisted living facilities; regulations for emergency electrical systems.**

Directs the State Board of Social Services to promulgate emergency regulations to require emergency electrical systems in assisted living facilities.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

**HB 1178 (Bryant) Nursing facilities and nursing homes; vaccination of residents.**

Requires, unless the vaccination is medically contraindicated or the resident declines the offer of the vaccination, that each nursing home and certified nursing facility provide or arrange for the administration to its residents of (i) an annual vaccination against influenza and (ii) a pneumococcal vaccination, in accordance with the most recent recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**HJ 151 (Dillard) & SJ 29 (Puller) Veterans care centers; Study need for and cost of additional veterans care centers and cemeteries.**

Requests that the Department of Veterans Services study the need for and cost of additional veterans care centers and cemeteries. The Department of Veterans Services shall complete its meetings by November 30, 2004.

**Outcome: Tabled in House (did not pass)**

**OLDER & DISABLED DRIVERS**

**HB 257 (Jones) Driver's license; requires vision exam for persons age 80 and older.**

Requires that applicants for issuance or renewal of driver's licenses and learner's permits who are 80 years old or older must pass a vision examination.

**Outcome: Substitute Bill Passed & Approved by Governor (effective 7/1/04)**

**HB 1197 (Scott) Driver's license; requires vision exam for persons 80/older, DMV to study effects of aging on driving ability.**

Requires applicants for driver's licenses or renewal of their driver's licenses to pass a vision test if they are 80 years old or older. The bill also requires the Department of Motor Vehicles to study the effects of aging on driving ability, for the purpose of developing a comprehensive approach to licensing drivers.

**Outcome: Incorporated into HB 257**

**SB 402 (O'Brien) Driver's licenses; requires vision exam for persons age 80 and older.**

Requires that persons 80 years old or older pass a physician's vision examination before being issued a driver's license or learner's permit or having their driver's license or learner's permit renewed.

**Outcome: Substitute Bill Passed & Approved by Governor (effective 7/1/04)**

**SB 362 (Colgan) Disabled parking license plates & placards; issuance to parents & legal guardian of disabled persons.**

Provides for the issuance of disabled parking license plates and placards to the parents and legal guardians of persons with physical disabilities that limit or impair their ability to walk.

**Outcome: Substitute Bill Passed & Approved by Governor (effective 7/1/04)**

**PRESCRIPTION DRUGS**

**HB 197 (Purkey) Prescription drug assistance for senior citizens; Virginia Insurance Plan for Seniors (VIPS).**

Establishes the VIPS to provide assistance in the purchase of prescription drugs for those persons who are dually eligible for Medicaid and Medicare but who do not qualify for prescription coverage under Medicaid. Payment assistance is limited to \$80 per month per eligible person, but unused amounts may be rolled over and credited to that person for future use. However, no direct cash payment will be made to any eligible person. Participants must pay a \$10 copayment for each prescription. They are also required to use generic drugs unless they are willing to pay the difference between the generic and brand-name drug. The Department of Medical Assistance Services will seek a waiver for VIPS from the Centers for Medicare and Medicaid Services, if necessary; and set the effective date of the act as July 1, 2005, with implementation to occur on July 1, 2006.

**Outcome: Tabled in House (did not pass)**

**HB 632 (O'Bannon) Prescription drugs; unlawful to assist individuals in procuring from a pharmacy or other source.**

Provides that any person who directly or indirectly assists another in procuring for remuneration prescription drugs from a pharmacy or other source not licensed, registered or permitted by the Board shall be guilty of a Class 6 felony.

**Outcome: Substitute Bill Passed & Approved by Governor (effective 7/1/04)**

**HB 1202 (Cline) Pharmaceutical assistance programs and discount purchasing cards; Development of single application form for pharmaceutical assistance programs and pharmaceutical discount purchasing cards.**

Requires the Commissioner of Health and the Commissioner of the Department for the Aging to develop a single application form for Virginians to use to seek eligibility for various pharmaceutical assistance programs and pharmaceutical discount purchasing cards. The Commissioners must obtain copies of the application forms used by such pharmaceutical assistance programs and pharmaceutical discount purchasing cards in Virginia, compile a list of the various information required to complete such application forms, identify common elements, and analyze the forms for readability and simplicity. Upon completion of this analysis, the Commissioners must then design a single, concise application form that is logically formatted, written in clear and easily comprehensible language, and covers any and all data that may be required to obtain eligibility for any such pharmaceutical assistance program or pharmaceutical discount purchasing card. Upon completion of the design for the single concise application form for pharmaceutical assistance programs and pharmaceutical discount purchasing cards in Virginia, the Commissioners must place such application form on their respective departments' websites and cooperate with the programs and pharmaceutical companies to encourage the use of the design throughout the Commonwealth.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**SB 158 (Potts) Pharmaceutical information; dissemination of Medicare benefits.**

Requires the Commissioners of Health and the Department for the Aging to disseminate information to the public relating to recent congressional actions relating to pharmaceutical benefits to be provided under the Medicare program and how such benefits may help senior citizens with the costs of pharmaceutical

benefits. This bill also requires the Commissioner of Health and the Commissioner of the Department for the Aging to develop a strategy, in coordination with the Virginia Area Agencies on Aging, for training senior citizen volunteers to assist in completing applications for pharmaceutical assistance programs and pharmaceutical discount purchasing cards.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

**SB 377 (Deeds) Prescription Drug Payment Assistance Program; created, annual report on effectiveness.**

Establishes a program to be administered by the Department of Medical Assistance Services (DMAS), modeled on Delaware's Prescription Drug Payment Assistance Program, to assist eligible elderly and disabled Virginians in paying for prescription drugs.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

**HJ 199 (Armstrong) Prescriptions drugs from Canada; memorializing Congress to remove restrictions on purchasing.**

Memorializes the United States Congress to remove current restrictions on the purchasing of prescription drugs from Canada.

**Outcome: Continued to 2005 in House Rules Committee**

**PRIVACY PROTECTION and Telephone Solicitation**

**HB 689 (Morgan) & SB 344 (Williams) Telephone Privacy Protection Act; prohibits telephone solicitation to persons on Do-Not-Call Registry.**

Adds wireless telephones with a Virginia area code to the list of those telephone numbers that a telephone solicitor cannot call at any time other than between 8:00 a.m. and 9:00 p.m. A telephone solicitor is prohibited from calling a telephone number when such number has been placed on the federal Do Not Call Registry. The bill provides using a version of the federal Do Not Call Registry that was obtained no more than three months prior to the date of the telephone solicitation as an affirmative defense to an action brought for a violation of this section. The bill requires telephone solicitors to play a prerecorded identification message that states only the name and telephone number of the person on whose behalf the telephone solicitation call was being made, and that the call was for "telemarketing purposes," whenever a live person is not available within two seconds of completing the greeting.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

**HB 733 (Joannou) Health records; patient's executor or administrator may obtain copies.**

Provides that a patient's executor or administrator also may obtain copies of a patient's health care records where the records are requested in anticipation of litigation or in the course of litigation. Currently only a patient, his attorney, or an authorized insurer may obtain copies of the patient's health care records.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**HB 753 (May) Personal Information Privacy Act; restricting use of social security numbers.**

Amends the Personal Information Privacy Act to prohibit (i) intentionally communicating or otherwise making available, in any manner, an individual's social security number to the general public; (ii) print an individual's social security number on any card required for the individual to access or receive products or services provided by the person or entity; (iii) requiring an individual to transmit his social security number over the Internet unless the connection is secure or the social security number is encrypted; (iv) requiring an individual to use his social security number to access an Internet website, unless a password or unique personal identification number or other authentication device is also required to access the site; (v) requiring an individual to provide his social security number to access or receive goods or services, unless required by state or federal law; and (vi) printing an individual's social security number on any materials that are mailed to the individual, unless state or federal law requires the social security number

to be on the document to be mailed. The bill also requires that insurance plans for state employees assign an identification number that is not a covered employee's social security number. Finally, the bill amends the Virginia Consumer Protection Act to prohibit a supplier from using a consumer's social security number when the consumer requests that his driver's license number be used. Current law requires that a supplier only provide an alternate number if the consumer so requests in writing. This bill provides consumers with another option other than providing their social security numbers and writing to the supplier for a new number.

**Outcome: Continued to 2005 in House Committee on Science & Technology**

**HB 872 (Byron) Identity theft; issuance of an Identity Theft Passport.**

Authorizes the Attorney General, at the specific request of the Governor and with the concurrence of the attorney for the Commonwealth, to institute or conduct criminal prosecutions in the circuit court for the crimes of identity theft and the use of a person's identity with the intent to intimidate, coerce, or harass. The bill allows for a conviction under the identity theft statutes when the defendant uses a false or fictitious name. The bill requires the DMV, upon notification from the Attorney General that an Identity Theft Passport has been issued to a driver, to note the same on the driver's abstract. The bill directs child day programs that reproduce or retain documents of a child's proof of identity and age that are required upon the child's enrollment into the program to destroy them upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

**HB 877 (O'Bannon) Health records; procedure for certain patients to obtain access to their records.** Revises the various laws setting out an exception to the patient's traditional access to his own health records to provide consistency to the procedure that must be used to ensure fair appraisal of the judgment of a treating physician or clinical psychologist concerning the potential harm to the patient or others that could result from such access.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

**HJ 134 (O'Bannon) Health records; Joint Commission on Health Care to study use and disclosure.** Directs the Joint Commission on Health Care to study the use and disclosure of health records relative to Virginia law and the federal Health Insurance Portability and Accountability Act (HIPAA). The Commission shall complete its meetings by November 30, 2004, and the Director shall submit an executive summary of findings and recommendations by no later than the first day of the 2005 Regular Session of the General Assembly.

**Outcome: Passed by House & Senate**

**SB 337 (Stolle) Health records; privacy, access to health records; compliance with federal Health Insurance Portability and Accountability Act regulations.**

Revises statutes relating to the Freedom of Information Act, civil procedure, denial of access to health records, juvenile and domestic court proceedings, health records privacy, involuntary commitment, court-appointed guardians and conservators; release of mental health information, and health insurance information to provide for consistency and assurances of compliance with federal regulations concerning disclosure and electronic transmission of protected health information promulgated pursuant to the Health Insurance Portability and Accountability Act.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

## **TAXES – Property & Estate Taxes, Income Taxes**

### **HB 94 (Cole) Real estate tax; increases asset amounts of elderly or disabled prior to reduced imposition.**

Increases from \$8,500 to \$10,000 the amount of income of a non-spouse relative living with an elderly or disabled person that a locality may exclude in calculating the maximum income limitations in determining eligibility for real estate tax exemption or deferral for the elderly or disabled.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

### **HB 95 (Cole) Real estate tax; increases transferred assets of elderly or disabled prior to reduced imposition.**

Increases from \$5,000 to \$10,000 the maximum amount of assets that an elderly or disabled person needing live-in assistance from a relative and enjoying a real estate tax exemption may transfer without adequate consideration, and still exclude the relative's income for purposes of determining maximum income for the tax exemption.

**Outcome: Incorporated into HB 94**

### **HB 96 (Cole) Real estate tax; amount of principal residence of elderly or disabled prior to reduced imposition.**

Increases from \$100,000 to \$200,000 the maximum financial worth cap a locality may impose in providing real estate tax exemptions to the elderly or disabled.

**Outcome: Incorporated into HB 94**

### **HB 97 (Cole) Real estate tax; amount of land acreage of elderly or disabled prior to reduced imposition.**

Increases from one to 10 the maximum number of acres a locality may exclude in calculating maximum financial worth of the elderly or disabled for real estate tax exemptions.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

### **HB 98 (Cole) Real estate tax; increases amount of income for elderly or disabled prior to reduced imposition.**

Increases from \$7,500 to \$10,000 the maximum amount a locality may exclude from the income of a totally disabled person in calculating maximum income allowed to provide real estate tax exemptions for the elderly or disabled.

**Outcome: Incorporated into HB 94**

### **HB 1064 (Armstrong) Estate tax; exemptions for closely held businesses or working farms.**

Exempts from the estate tax (i) all estates where the majority of assets are an interest in a closely held business, including working farms, and (ii) all estates where the gross estate is worth \$10 million or less.

**Outcome: Passed by indefinitely (did not pass)**

### **HB 154 (Van Yahres) Real estate tax; Charlottesville City may reduce for certain elderly and handicapped.**

Adds Charlottesville to certain specified cities and counties that are authorized to have higher caps on total income and total financial worth than other cities and counties in determining real estate tax exemptions for the elderly and disabled.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

### **SB 502 (Mims) Personal property tax; rate on motor homes.**

Caps the tangible personal property tax rate on motor homes at the rate of tax and rate of assessment applicable to real estate in the county, city, or town.

**Outcome: No action taken by Senate (did not pass)**

**HB 1134 (McDonnell) & SB 392 (Norment) Estate tax; conformity of state and federal statutes.**

Conforms the amount of Virginia estate tax due from an estate to the maximum amount of the federal estate tax credit for state estate taxes, as permitted under federal estate tax law, as such law shall be amended from time to time. Under current law the amount of Virginia estate tax cannot be less than the federal credit under federal law as such law existed on January 1, 1978.

**Outcome: Incorporated into HB 4**

**HB 4 Estate tax; conformity of state and federal statutes.**

Conforms the amount of Virginia estate tax due from an estate to the maximum amount of the federal estate tax credit for state estate taxes, as permitted under federal estate tax law, as such law shall be amended from time to time. Under current law the amount of Virginia estate tax cannot be less than the federal credit under federal law as such law existed on January 1, 1978. The bill incorporates HB 1134.

**Outcome: Incorporated into SB 30 - the Budget Bill**

**SB 263 (Lambert) Income tax, state; credit for purchase of long-term care insurance.**

Provides a credit against individual income taxes for certain long-term care insurance premiums paid by the individual during the taxable year. The amount of the credit for each taxable year shall equal 10 percent of the amount paid during the taxable year by the individual in long-term care insurance premiums for long-term care insurance coverage for himself. The credit would be available beginning with the 2004 taxable year.

**Outcome: Continued to 2005 in Senate Finance Committee**

**SB 361 (Colgan) Real estate tax; allows Northern Virginia to increase amount of income for elderly or disabled.**

Permits northern Virginia localities to increase the income and financial worth limitations used to determine whether certain elderly or handicapped persons are eligible for exemption from or deferral of real property tax.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**SB 122 (Watkins) Real estate tax; allows Goochland County to increase amount of income for elderly or disabled.**

Permits Goochland County to increase the income and financial worth limitations used to determine whether certain elderly or handicapped persons are eligible for exemption from or deferral of real property tax.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**SB 281 (Wampler) Income tax, state; increases personal exemption.**

Increases the individual income tax personal exemption amount from \$800 to \$1,200 beginning with the 2004 taxable year.

**Outcome: Incorporated into SB 635**

**SB 635 (Chichester) Tax reform; changes for income, sales & use, estate, local license and motor fuels taxes, etc.**

Bill proposes changes to various state taxes.

**Outcome: Passed by indefinitely (did not pass)**

**SB 446 (Rerras) Income tax, state; increase personal exemption.**

Increases, beginning with the January 1, 2004, taxable year, the personal exemption for Virginia taxable income purposes from \$800 to \$1,200 for each personal exemption allowable to the taxpayer for federal

income tax purposes. For taxable years beginning on or after January 1, 2005, the \$1,200 personal exemption will increase based upon annual increases in the Consumer Price Index.

**Outcome: Incorporated into SB 635**

**SJ 84 (Hanger) Constitutional amendment; exemption of certain motor vehicles from state & local taxation.**

Amends the Constitution of Virginia to exempt privately owned motor vehicles used for nonbusiness purposes from state and local taxation. If this resolution is enacted by either the 2004 or 2005 General Assembly a second resolution must be introduced and enacted by the 2006 General Assembly in order for this amendment to be on the November 2006 general election ballot.

**Outcome: Incorporated into SB 635**

**SJ 85 (Hanger) Constitutional amendment; assessment of real property.**

Provides that beginning with the 2008 tax year, real property shall be assessed for tax purposes at no more than 102 percent of the assessed value of such property in the preceding tax year. However, if real property is sold, transferred, improved, or rezoned at the owner's request, it shall be assessed at fair market value for the tax year in which such event occurs. Such fair market value assessment shall then be subject to the two percent limitation in subsequent tax years until such time as the property is again sold, transferred, improved, or rezoned at the owner's request.

**Outcome: Continued to 2005 in Senate Privileges & Elections Committee**

See also **HB 1050** and **HB 1214** under INSURANCE – Long-Term Care

**TAXES – Sales & Use Taxes**

**HB 582 (Hamilton) Retail Sales and Use Tax; exemptions include food purchased for human consumption.**

Reduces the state portion of the sales tax on food for human consumption from three percent to 1.5 percent with the revenue from the tax to be distributed as follows: (i) the revenue from the tax at the rate of one-half percent shall be distributed to the Transportation Trust Fund, and (ii) the revenue from the tax at the rate of one percent shall be distributed to localities based on school-aged population.

**Outcome: Passed by indefinitely (did not pass)**

**HB 1068(Armstrong) Retail Sales and Use Tax; exemptions include food purchased for human consumption.**

Reduces the state portion of the sales tax on food for human consumption (i) to two percent from July 1, 2004, through June 30, 2005; and (ii) to one and one-half percent on and after July 1, 2005, and holds harmless the portion of the state sales tax currently dedicated to the Transportation Trust Fund and to localities based on school-age population.

**Outcome: Passed by indefinitely (did not pass)**

**TRANSPORTATION**

**HB 92 (Shuler) Vans; operation and safety inspections of those used to transport certain passengers.**

Requires that persons who operate nine-15 passenger vans to transport passengers for or on behalf of any church; school; day care center, program or facility; or any other public or quasi-public entity have a special driver's license endorsement in order to do so. The bill also requires that these vans undergo a safety inspection at least once every six months, instead of once every 12 months.

**Outcome: Incorporated into HB 290**

See also **HJ 42** under HEALTH CARE FINANCING.

**HB 290 (Griffith) Vans; operation standards for drivers.**

Requires that persons who operate nine-15-passenger vans to transport students to, from, or on behalf of any public, private, or parochial school have a special driver's license endorsement in order to do so.

**Outcome: Stricken from docket (did not pass)**

**OTHER**

**HJ 103 (Reid) Aging population; study impact on demand for state agency services.**

Directs the Joint Legislative Audit and Review Commission to study the impact of Virginia's aging population on the demand for state agency services. In conducting its study, the Joint Legislative Audit and Review Commission shall consult with the Commonwealth Council on Aging, the Commissioners of the Departments of Health and Mental Health, Mental Retardation and Substance Abuse Services, and the Director of the Virginia Retirement System. The Joint Legislative Audit and Review Commission shall complete its meetings for the first year by November 30, 2004, and for the second year by November 30, 2005, and the Chairman shall submit an executive summary of its findings and recommendations no later than the first day of the next Regular Session of the General Assembly for each year.

**Outcome: Passed by House & Senate**

**HB 300 (Ware) Donations by localities; authorized for organizations providing recreation or daycare to certain senior citizens.**

Allows localities to make donations to any nonprofit organization providing recreational or daycare services to persons 65 years of age or older.

**Outcome: Passed with amendments & Approved by Governor (effective 7/1/04)**

**HB 971 (Barlow) & SB 242 (Norment) Post-Disaster Anti-Price Gouging Act.**

Post-Disaster Anti-Price Gouging Act." The bill prohibits price gouging by suppliers selling, leasing, or licensing, or offering to sell, lease, or license, essential goods and services during times of disaster.

**Outcome: Incorporated into HB 686**

**SB 382 (Puller) Department for the Aging; powers and duties of Commissioner and Department.**

Establishes the Commissioner of the Department for the Aging as the Governor's principle advisor on aging issues and provides for the Commissioner to recommend policies, legislation and other actions appropriate to meeting the needs of an aging. The bill also requires the Department for the Aging to develop and maintain a four-year plan for aging services in the Commonwealth.

**Outcome: Passed & Approved by Governor (effective 7/1/04)**

**SB 128 (Watkins) Unemployment compensation; offset for retirement benefits.**

Eliminates the offset for Social Security or Railroad Retirement benefits where the unemployment trust fund has a solvency level of 50 percent or more. At solvency levels below 50 percent, the offsets of 50 percent of retirement benefits remain in place.

**Outcome: Continued to 2005 in Senate General Laws Committee**